## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Prace of Business

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 07 1997 8:00am

Secretary of State

Feb. 3, 1997

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 619057

(3)

Mailing Address

BRIDAL BOUTIQUE OF ORANGE PARK, INC.

2285 KINGSLEY AVE ORANGE PARK FL 32073		2285 KINGSLEY AVE ORANGE PARK FL 32073-51	2285 KINGSLEY AVE ORANGE PARK FL 32073-5138				
					3. Date Incorporated or Qualified 04/27/1979	3a. Date of Last R	eport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<del></del>	oplied For
21		26			59-1912554		ot Applicable
Suite, Apt. #. etc.		Suite, Apt. #. etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	c.	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zφ	Country Zip Cou		Country	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			Yes No	
	9. Name and Address of C	Current Registered Agent			10. Name and Address of New Re-	gistered Agent	
	dau, francine clair		81	Name			
	2 GULF LIFE TOWER		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
JAC	KSONVILLE FL 32207				· · · · · · · · · · · · · · · · · · ·		
			83				
			84	City	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip (	Code
					rporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing it	
agent La	m familiar with, and accept the	obligations of, Section 607.0505, Flor	ida Statutes	S.	,,		g
SIGNATURE	Signal as ingle of separated name of registr	nen agert ar dittle if applicable (NOTE	Registered Age	nt signature req	uired when reinstating)	DATE	
12.	,,	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	
TITLE	PTD	☐ DELETE	1.1 TITLE			Change	Addition
MAME	JOHNSON, ERNESTINE (		1.2 NAME				
STREET ADDRESS	4607 BADEN LANE	_	1.3 STREET	ADDRESS			
City+S) ZIP	JACKSONVILLE, FL 0000	The state of the s	1.4 CITY - S	T-ZIP			
TITLE	VSD	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	HARRELL, JEAN B		2.2 NAME		·		
STREET ADDRESS	4521-6 SUSSEX AVENUE		2.3 STREET		11		
Cdy-S1-709	JACKSONVILLE, FL 0000	DELETE DELETE	2. 4 CITY-:	ST-ZIP	***		1.1.22
TITLE		L. DELEIE	3.1 TITLE			: L Change	Addition
NAM!			3.2 NAME	1000000			
STREET ADDRESS			3.3 STREET				
CATY - ST - ZIP TITLE	DELETE		3.4. CITY - 5 4.1 TITLE	S1-2IP		Change	Addition
NAME			4.1 ITTLE			LLI Onenge	, Addition
STREET ADDRESS			4.3 STREET	AUDBECC			
City - St - 2iP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TiTLE	1 411	·	☐ Change	Addition
NAME		<u>—</u>	5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS	•		
CHY-SI-ZIP			5.4 CITY - S				
70t <del>f</del>		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
City - \$1 - ZIP		•	6.4 CiTY - S	T-ZiP			
14. I do nerel	by certify that the information su	applied with this filing does not qualify	for the exe	mption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
Lam an o	flicer or director of the corpora	or or supplemental annual report is tru tion or the receiver or trustee empowe ged, or on an attachment with an addr	red to exec	ute this rep	at my signature shall have the same lega ort as required by Chapter 607, Florida S	tatutes; and that my n	uer oain; inat iame